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BOROUGH OF OSSETT



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1957

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

B O R O U G H O F O S S E T T

P U B L I C H E A L T H C O M M I T T E E 1957 / 1958.

Chairman:

ALDERMAN S.E. BICKLE.

Vice-Chairman:

COUNCILLOR C.C. HITCH,

Members:

ALDERMAN A. CLARK.

ALDERMAN J.W. GILL.

ALDERMAN MRS. G. HANSON, J.P.

COUNCILLOR H. AUDSLEY.

COUNCILLOR MRS. H. CROSSLAND, J.P.

COUNCILLOR C. FIRTH.

COUNCILLOR G.T. FISHER.

COUNCILLOR A,B, GLOVER.

COUNCILLOR G. MOORHOUSE.

COUNCILLOR E.B. NETTLETON, J.P.

COUNCILLOR A. ROBB.

COUNCILLOR H. SMITH.

COUNCILLOR L.R. SMITH.

COUNCILLOR J. SPURR.

CO-OPTED MEMBERS OF THE PUBLIC HEALTH COMMITTEE:

MRS. D. BEAUMONT.

MRS. D. METCALFE.

MRS. E. WILBY.

PUBLIC HEALTH STAFF.

BOROUGH OF OSSETT.

MEDICAL OFFICER OF HEALTH.

Joseph Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH.

Barbara Briggs, M.B., Ch.B., D.P.H.

PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT.

H.W. Mycock, C.S.I.B., A.R.S.H., M.R.I.P.H.H.

ADDITIONAL PUBLIC HEALTH INSPECTOR.

G.W. Armitage, C.S.I.B.

PUBLIC HEALTH INSPECTORS' CLERK.

Mrs. M. Wingett.

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13.

DIVISIONAL MEDICAL OFFICER.

As above (M.O.H.)

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER.

Barbara Briggs, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS.

Irene Hargreaves, M.B., Ch.B.

Marianne H. Witt, L.R.C.S., L.R.C.P., D.P.H. (Resigned 31.10.57)

George Firth, M.B., Ch.B. (Appointed 27.10.57)

MEDICAL OFFICER TO OSSETT CHILD WELFARE CENTRE (Part Time)

J.S. Coad, M.B., B.S.

HEALTH VISITORS AND SCHOOL NURSES.

Mrs. A.H. Humphries, S.R.N., S.C.M., H.V. Certificate.

Mrs. M.A. Taylor, S.R.N., S.C.M., (Part Time)

Miss D.I. Bartlett, S.R.N.

TUBERCULOSIS HEALTH VISITOR.

Mrs. A.H. Humphries, S.R.N., S.C.M., H.V. Certificate.

MENTAL HEALTH SOCIAL WORKER.

Miss S. Appleyard (Retired 31.1.57)

Mrs. A. Stell (Appointed 1.1.57)

MENTAL HEALTH HOME TEACHER.

Mrs. M.E. Towell.

HOME NURSES.

Mrs. C. Crawford, S.R.N., S.C.M.

Mrs. H. Vincent, S.R.N., Q.N.

Mrs. T. Pickersgill, S.R.N., Q.N. (Relief Nurse)

MIDWIVES.

Miss A.L. Bray, S.C.M.

Mrs. M.E. Horner, S.R.N., S.C.M.

Miss M.A. Short, S.C.M.

SPEECH THERAPIST.

Mrs. G. Stuffins, (Nee Lawton) L.C.S.T. (Resigned 30.6.57)

JOINT CLERICAL STAFF - engaged in all constituent districts of the Division,
viz. Horbury, Ossett, Morley and Wakefield R.D.

A. Wright, D.M.A. (Senior Clerk)

K. Schofield, D.P.A.

G.A. Tyrell (Resigned 13.10.57)

D. Leach.

C.C. Roberts.

Mrs. M. Thornburn (Appointed 6.5.57)

Miss M. Halloran.

Miss C. Brennan.

Mrs. M. Kilburn.

Mrs. C. Whitehead (Resigned 30.6.57)

Miss J. Hollings.

Mrs. C.M. Armstone (Resigned 6.3.57)

Mrs. M.M. Jennings (Appointed 24.4.57)

Miss E. Asquith (Appointed 26.8.57)

Miss P. Crosby (Appointed 21.10.57)

L E E D S R E G I O N A L H O S P I T A L B O A R D.

CONSULTANT STAFF.

EAR, NOSE AND THROAT SURGEON.

T.B. Hutton, F.R.C.S.

CHEST PHYSICIAN.

J.K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

SCHOOL OPHTHALMOLOGIST.

J.V. Kirkwood, M.B., Ch.B.

PAEDIATRICIANS.

J.D. Pickup, M.D., Ch.B., D.C.H.

M.W. Arthurton, M.B., B.S., M.R.C.P., M.R.C.S., D.P.H. (Resigned 25.8.57)

A.P. Roberts, M.B., B.S., M.R.C.P., M.R.C.S., D.C.H. (Appointed 1.1.58)

ORTHOPAEDIC SURGEON.

Miss M.A. Pearson, F.R.C.S.

Windsor House,
Queen Street,
Morley.

July, 1958.

To His Worship the Mayor, Aldermen and Councillors of the Ossett Borough Council.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1957.

Under the scheme of Divisional Health Administration your Medical Officer of Health is also the Divisional Medical Officer for the West Riding County Council's local health services, and has similar functions in the Borough of Morley, the Rural District of Wakefield and the Urban District of Horbury. The scheme is designed to produce a closer integration of local authority health services.

The year under review was my first year in office in this division. A great deal of my time was consequently spent in the re-organisation or, to be more exact, the re-orientation of the work of the Health Department, to meet what I consider to be the changed needs of our modern post-war communities. The efforts of pre-war Medical Officers of Health were largely devoted to the control of infectious disease and the preservation of child health. Tuberculosis, diphtheria, scarlet fever, whooping-cough and other diseases constituted a major and ever-present threat to family life. Half a century ago a town with a population of 14,000 could expect to suffer an annual toll of 30-40 deaths from notifiable infectious disease. In 1957 there were no deaths at all from this cause. Fifty years ago 13 of every 100 babies died in their first year; in 1957 only 2 per 100 suffered this fate. And again, whereas 50 years ago one could expect the death of at least one mother in confinement each year, the position today is that no maternal deaths have been recorded in the Borough of Ossett since 1948.

Local government has played no small part in these triumphs of modern medicine particularly in the preventive field. But even victory can have drawbacks. The saving of life in childhood and young adult life, coupled with the lowered birth-rate of recent decades, has resulted in an ever-increasing proportion of aged persons in the community. With more old folks about and fewer young ones to care for them, a new set of medico-social problems has arisen. The need to provide adequate care and attention to so many persons handicapped by the inevitable infirmities and weaknesses of advancing age has taxed the resources of our brave new welfare state. Malnutrition and serious neglect have largely disappeared from the child population but are not at all uncommon in the elderly. To meet this new challenge the local authorities are having to re-align their existing forces and bring up reinforcements. Thus, our health visitors, the traditional guards of infant health, must now spend a much greater proportion of their time and energy visiting, advising and supervising the grandparents of their young clients. The

home nurses too are finding that more and more of their work must be devoted to nursing the elderly chronic sick. The proportion of home help time allotted to the aged and chronic sick in this divisional area has had to be increased to 90%, and even more may be needed in the near future. Voluntary organisations, apparently condemned to oblivion by the National Health Service Act, 1946, have blossomed forth again, bringing gaiety and freshness into the lives of so many Darbys and Joans. But in spite of this good work one is frequently finding patients for whom the existing domiciliary services appear inadequate and, almost by habit, one recommends either hospital or institutional care, each with its ever-growing waiting list.

Perhaps the first step to a solution of the problem should be to cast aside this extraordinary institutional "complex", which is a relic of the worst phases of the industrial revolution when the destitute had perforce to be admitted to institutions to prevent a nuisance to the rest of the community. The herding and segregating of elderly persons in a "Home", often many miles from their own town and away from life-long connections, should never be regarded as other than a painful and temporary expedient. The fact that most of these Homes are nowadays extremely comfortable in a physical sense and staffed by kind, considerate officers, in no way detracts, in my opinion, from the fundamental inhumanity of this method of care. I have yet to meet the person who anticipates transfer to a Welfare Home with any degree of pleasure even if, in desperation, he or she has pleaded for a place. Old people obviously prefer to spend their last years in a home of their own among their own possessions and memories and in their own community of relatives and friends. Surely this can be achieved much more often by the further development of our domiciliary services and by the further rapid expansion of the housing programme to include many more bungalows or ground-floor flats. The cost of providing adequate domiciliary assistance in Council houses (planned and designed to make living easier for handicapped old folk) should not often exceed the cost of institutional care. But even if the cost were greater on balance, a mature and civilised community would surely be prepared to meet it. If, on the other hand, local government decides to regard its usefulness as invariably limited by the existing level of the general rate, its members may very well vote themselves into a state of stupor in which their surviving functions will be no more than those of vendors of salvaged paper and curators of public conveniences. Similarly, if in our concept of family life we choose to ignore or forget the moral responsibilities of children in relation to their ageing parents we should deserve no help at all from local or any other form of government. A course has to be steered between the Scylla of public parsimony and the Charybdis of private greed.

That the Ossett Borough Council realises its own important role in the management of this problem is demonstrated by the decision to prepare a scheme (in conjunction with the County Council) for the provision of supervisory and recreational facilities for groups of bungalows, to include the appointment of at least one warden. This is a purposeful and imaginative first move in precisely the right direction. One looks forward with keen interest to further developments along these lines during the next few years.

The Mental Health Service provides another example of the need to re-orientate our attitudes and techniques. The decline of ordinary physical ills has thrown into relief the numerous disabilities and diseases of mind which exist and have existed

since time immemorial. Almost up to the present day mental illness and mental defect have been surrounded in the public mind by an aura of mysticism. The mental patient has been feared and shunned with the result that past legislation has had a strong bias towards the protection of the public rather than treatment of the patient. As with the aged the emphasis has been on institutional care. Even now, over 40% of the beds in the N.H.S. are mental hospital beds and, if the present trends continue, one family in five will at some time or other have one or more of its members as patients in a mental hospital. Fortunately the public is becoming more enlightened and is beginning to realise that only a very tiny proportion of mentally sick patients are incurable raving "lunatics". The vast majority are suffering from illness or emotional disturbance which can be improved and even cured by modern methods of treatment. And what is perhaps even more significant is the growing evidence of the practicability and effectiveness of prevention, early treatment and after-care within the community itself. The recent Royal Commission has made quite clear its belief that it should be the duty of local authorities, guided by their Medical Officers of Health, to provide these community services. The mental hospitals will still be required of course for those patients in need of specialised care or treatment at certain stages of illness, but the emphasis in future will be on the gradual rehabilitation of the patient in a normal environment. The development of "half-way houses" or residential local authority hostels will be necessary to facilitate the transfer from institutional to independent existence.

The foundations of good health, mental as well as physical, are laid in infancy and childhood. This has long been recognised in the School Health and Maternity and Child Welfare Services and, without waiting for new legislation, a gradually increasing amount of professional time and energy is being spent in the ascertainment, investigation, treatment and care of handicapped, maladjusted or subnormal children many of whom, if neglected or ignored, would either develop into chronic institutional cases or adult "misfits". Not all these children require to be dealt with in child guidance clinics, special schools or hospitals. Many can be adequately treated and supervised by the experienced staff at the school and infant clinics with the co-operation of parents and general practitioners. Similarly a large proportion of educationally subnormal pupils could be catered for satisfactorily in ordinary schools. Unfortunately facilities for the special educational treatment of these children in ordinary schools are in general woefully inadequate. One result of this gap in the Education Services is that many of these children become discouraged, frustrated and maladjusted. Jealous of the accomplishments of their classmates, they attempt to boost their deflated ego by spectacular, aggressive or frankly delinquent behaviour. These anti-social tendencies may be continued into adolescence and adult life with consequences only too well known to the public. No new legislation is required to deal with this particular aspect of mental health; implementation of our fourteen-year old Education Act is the obvious answer!

The care and supervision of children whose intellectual handicap is too severe for education at either an ordinary or special school is a County Council Health Department responsibility under the Mental Deficiency Acts. Here too we see a steady build-up of community services, e.g. advice and supervision by the Mental Health Social Worker, facilities for social and occupational training at home or in centres, etc. The opening of the Ossett Occupation Centre in September, 1957,

represented a local milestone in the progress of this work. It is the first County Council centre of its kind to be established in this divisional area and draws its pupils from all four sanitary districts within the division. At the end of the year there were eleven Ossett children in attendance out of a total of 27.

The operation of the somewhat complex local authority and other health services described in the paragraphs above can only be efficient if there is close co-ordination at professional level between the several authorities concerned. It is particularly desirable that public health staff should work in concert with general practitioners. The practice of preventive and social medicine should never be completely divorced from general medical practice. No effort has been spared by me to ensure a high degree of co-operation. The practitioners appear to appreciate this and have responded in like manner.

Co-ordination at executive level between the district councils and the county council is equally vital and is facilitated by the nature of my joint appointment. It is becoming increasingly necessary, too, to ensure adequate liaison between the many statutory and voluntary agencies dealing with problem families. For this purpose a divisional co-ordinating committee was established in 1957 under my chairmanship, on the lines recommended in the 1950 joint circular of the Home Office and Ministries of Health and Education. Among the permanent members of this committee are the Divisional Education Officer, Divisional Welfare Officer, Area Children's Officer, Probation Officers, N.S.P.C.C. Inspectors, National Assistance Board personnel, Public Health Inspectors, Housing Department Officers, Police Inspectors, Mental Health Social Worker and others. The committee's work has virtually eliminated over-lapping and duplication of visiting, has ensured reasonable uniformity of approach and has encouraged frequent consultation between officials. It is generally agreed that the case conferences, whether held at or between the formal committee meetings, have led to an improved relationship between the many departments concerned as well as to a better understanding by all of the many-sided problem of child neglect.

The new fields of endeavour described above do not of course mean that the M.O.H. is no longer concerned with his traditional role in the control of infectious disease and the promotion of environmental hygiene. The outbreak of Asian Influenza in September, 1957, was indeed a vigorous reminder that epidemics can still occur. The disease spread rapidly throughout the town affecting all age groups, but the attack rate appeared to be particularly high in secondary school children. At one stage the attendance at the local secondary schools was reduced to less than one half of normal. Clinically, the disease did not in general take on a severe form, complications tending to occur chiefly in those patients already affected by respiratory or cardiac conditions. In spite of the high incidence only four deaths were attributed to influenza in Ossett. The outbreak proved a heavy strain on general practitioners and home nurses, who rose to the occasion with magnificent devotion to duty. The Ministry of Health provided an influenza vaccine for the protection of medical, nursing and ambulance personnel but supplies proved to be inadequate in volume and retarded in delivery; just another instance of "too little too late". The poliomyelitis vaccination programme suffered from a similar affliction in 1957 with the result that at the end of the year only 12% of the child population had received protection. The position was subsequently eased by the importation of U.S. and Canadian Salk Vaccine.

The number of children immunised against diphtheria in 1957 also failed to reach a satisfactory level, following a trend which has been in evidence for two or three years. In the continued absence of this disease locally it is difficult to convince the present generation of mothers that a danger really exists. Diphtheria has however never been completely eradicated from this country and any relaxation of our defences may have serious results. Intensification of propaganda has been clearly indicated and, towards the end of 1957, the Health Visitors in this divisional area were asked to redouble their efforts in this direction. Arrangements were also put in hand for an individual 'follow-up' of all infants who had not been immunised in their first year. These measures are already producing results, and a more satisfactory position should be apparent in my next annual report.

As evidence of continued interest in environmental hygiene, one is pleased to report that Ossett was one of the first authorities in the country to begin the implementation of the Clean Air Act by the creation of a "Smoke control area". Chimneys belching noxious filth into the air we breathe will, before very long, be looked upon with the same distaste and horror as are privy middens today. The action of Ossett Corporation will stimulate this forward move of public opinion.

This summary of the work of the Public Health Department in 1957 is not fully comprehensive, but Mr. Mycock's report together with the statistical data in other sections of the Report will, I hope, fill the gaps. May I, in conclusion, place on record my appreciation of the friendly relationship which I have enjoyed with yourselves and with your senior officials.

Yours sincerely,

JOSEPH LYONS,

Medical Officer of Health.

SECTION 1.

VITAL STATISTICS.

Statistics.

Area: 3,332 acres.

Population: - Census 1951: 14,586.

Registrar General's estimate of Resident Population, mid-1957: 14,480.

No. of dwelling houses: 5,024.

Rateable Value: £112,105.

Product of a Penny Rate: £435.

Summary of Vital Statistics.

	Total	M.	F.	
Live Births:				Birthrate per 1,000 of the estimated resident population
Legitimate	240	129	111	17.2
Illegitimate	9	7	2	
Still Births:				Rate per 1,000 (live and still) births 27.3
Legitimate	7	4	3	
Illegitimate	0	0	0	
Deaths	172	81	91	Death Rate per 1,000 of the estimated resident population 11.9

Maternal Mortality.

There were no maternal deaths.

Infantile Mortality.

Four infants under the age of twelve months died during 1957, giving an infantile mortality rate of 16.1 per 1,000 births.

The following table gives the cause of death of these infants.

Cause of Death	No. of infants dying in				
	1st wk.	2nd wk.	3rd wk.	4th wk.	5-52 wks.
Asphyxia	1	-	-	-	-
Broncho-Pneumonia	1	-	-	-	-
Congenital Deformity	1	-	-	-	1

CAUSES OF DEATH - OSSETT M.B.

Cause of Death	1955			1956			1957		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract	2	2	4	-	-	-	-	-	-
2. Other forms of Tuberculosis	-	-	-	-	-	-	-	-	-
3. Syphilitic Diseases	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm - stomach	3	4	7	4	1	5	5	2	7
11. Malignant neoplasm - lung and bronchus	2	1	3	4	2	6	2	-	2
12. Malignant neoplasm - breast	-	5	5	-	5	5	-	2	2
13. Malignant neoplasm - uterus	-	1	1	-	3	3	-	1	1
14. Other malignant & lymphatic neoplasms	8	7	15	4	9	13	4	7	11
15. Leukaemia and aleukaemia	-	-	-	-	-	-	-	-	-
16. Diabetes	1	3	4	-	-	-	-	1	1
17. Vascular lesions of nervous system	9	15	24	19	15	34	16	26	42
18. Coronary disease - angina	11	12	23	16	16	32	16	9	25
19. Hypertension with heart disease	2	1	3	1	1	2	1	1	2
20. Other Heart Disease	10	14	24	10	13	23	10	15	25
21. Other Circulatory disease	3	-	3	3	4	7	2	7	9
22. Influenza	-	2	2	1	1	2	3	1	4
23. Pneumonia	6	2	8	-	1	1	5	3	8
24. Bronchitis	13	4	17	12	4	16	10	6	16
25. Other diseases of respiratory system	-	-	-	1	2	3	1	-	1
26. Ulcer of stomach and duodenum	-	-	-	1	-	1	-	-	-
27. Gastritis, enteritis and diarrhoea	-	-	-	-	-	-	-	-	-
28. Nephritis and nephrosis	1	-	1	1	3	4	-	1	1
29. Hyperplasia of prostate	2	-	2	-	-	-	1	-	1
30. Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-
31. Congenital malformations	-	1	1	-	1	1	-	2	2
32. Other defined and ill-defined diseases	6	10	16	6	6	12	2	5	7
33. Motor vehicle accidents	2	-	2	2	-	2	-	-	-
34. All other accidents	3	2	5	1	1	2	3	1	4
35. Suicide	-	1	1	2	-	2	-	1	1
36. Homicide and operations of war	-	-	-	1	-	1	-	-	-
Total All Causes	84	88	172	89	88	177	81	91	172

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1957

COMPARISON WITH

	Ossett M.B.	Morley M.B.	Horbury U.D.	
Birth Rate (per 1,000 estimated population)	17.2	15.9	13.7	
Death Rates (all per 1,000 estimated home population)				
All Causes	11.9	12.4	12.3	
Infective and Parasitic Diseases	-	0.03	0.24	
Tuberculosis of respiratory system	-	0.13	-	
Other forms of tuberculosis	-	0.02	-	
Cancer	1.59	2.04	3.15	
Vascular lesions of nervous system	2.90	2.04	2.06	
Heart and Circulatory Diseases	4.21	5.15	4.84	
Respiratory disease (excluding tuberculosis of respiratory system)	2.00	1.01	0.97	
Infant Mortality (deaths of infants under one year per 1,000 live births)	16.1	33.4	-	
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	-	-	-	

based on the Registrar General's figures.

OTHER AREAS.

Wakefield R.D.	Aggregate West Riding Urban Districts	West Riding Administrative County	England & Wales (Provisional Figures)
17.5	16.1	16.6	16.1
9.8	12.4	11.7	11.5
0.05	0.07	0.07	*
0.15	0.08	0.08	0.09
-	0.01	0.01	0.01
1.46	1.99	1.87	2.09
1.41	2.15	1.95	*
3.47	4.61	4.30	*
1.41	1.46	1.37	*
34.5	25.4	26.4	23.0
-	0.41	0.51	0.47

* Figures not available

VITAL STATISTICS OVER

Year	Birth Rate	Death Rate	Infantile Mortality Rate	Maternal Mortality Rate	Tuberculosis Death Rate
1948	18.7	11.4	26.0	3.52	0.34
1949	16.0	13.9	38.0	0.0	0.20
1950	15.9	14.7	68.0	0.0	0.27
1951	15.4	16.0	26.9	0.0	0.28
1952	19.9	14.2	45.3	0.0	0.07
1953	15.8	12.2	8.7	0.0	0.21
1954	17.2	13.01	30.43	0.0	0.34
1955	15.3	12.6	9.3	0.0	0.34
1956	15.7	12.2	21.9	0.0	0.0
1957	17.2	11.9	16.1	0.0	0.0

TEN YEARS: 1948 - 57.

Infectious Diseases Death Rate (excluding Tuberculosis)	Cancer Death Rate	No. of Cases of		No. of Deaths	
		Scarlet Fever	Dipht- heria	Tuber- culosis (all forms)	Cancer of Lung & Bronchus
0.14	1.36	50	0	5	*
0.14	2.11	38	2	3	*
0.0	1.89	11	0	4	4
0.14	1.86	5	0	4	3
0.0	2.08	7	0	1	2
0.07	1.45	15	0	3	3
0.14	1.58	3	0	5	3
0.14	2.14	0	0	4	3
0.0	2.21	2	0	0	6
0.0	1.59	2	0	0	2

* Figures not available

SECTION 11.

GENERAL PROVISION OF HEALTH SERVICES.

(a) HOSPITALS.

General Hospital Accommodation.

There are no hospitals within the Borough of Ossett but the Leeds Regional Hospital Board provides facilities in centres within fairly easy reach of Ossett, viz., Wakefield, Leeds and Dewsbury. Accommodation for general needs would appear to be reasonably adequate but difficulty is often experienced in securing the admission of elderly chronic sick patients.

Isolation Hospitals.

Effective preventive measures have greatly reduced the demand for isolation hospital accommodation during recent years. The relatively few patients requiring admission from Ossett are usually sent to Snapethorpe Isolation Hospital, Wakefield, but cases of acute poliomyelitis are admitted to Seacroft Hospital, Leeds, to be transferred later (if orthopaedic treatment is required) to Pinderfields Hospital, Wakefield.

Maternity Homes and Hospitals.

Patients requiring or requesting hospital confinement may be admitted to hospitals in neighbouring towns. Priority is given to abnormal cases, mothers having their first baby and mothers residing in houses unsuitable for domiciliary confinement.

(b) AMBULANCE SERVICE.

It is the duty of the Local Health Authority, i.e. the West Riding County Council, to provide Ambulance Services throughout their administrative area of which the Borough of Ossett is part.

This is a service which has been efficiently provided in this area by the County Authority, and is available on responsible call.

(c) LABORATORY FACILITIES.

The Public Health Laboratory which serves this administrative area is the Laboratory (Medical Research Council of the Ministry of Health) at Wood Street, Wakefield.

All specimens for general examination, submitted by the Medical Staff of the Department, by Medical Practitioners, by Health Authorities and others, may be submitted to this Laboratory. The examinations which are carried out in the Laboratory are chemical, biological and bacteriological.

SECTION 111.

INFECTIOUS DISEASES.

Summary of Notifications received during 1957:

Disease							Total cases notified (corrected)
Diphtheria	...	...	...	...	...	...	-
Scarlet Fever	...	...	...	...	...	...	2
Whooping Cough	...	...	...	...	...	...	16
Measles	...	...	...	...	...	...	371
Dysentery	...	...	...	...	...	...	-
Pulmonary Tuberculosis	...	...	...	...	...	...	2
Other forms of Tuberculosis	...	...	...	...	...	...	1
Acute Poliomyelitis	...	...	...	...	...	...	-
Food Poisoning	...	...	...	...	...	...	2
Puerperal Pyrexia	...	...	...	...	...	...	-
Ophthalmia Neonatorum	...	...	...	...	...	...	-
Smallpox	...	...	...	...	...	...	-
Acute Pneumonia	...	...	...	...	...	...	1

Tuberculosis Services.

A clinic is held daily at the Pinderfields General Hospital, Wakefield. Regular home supervision is carried out by the Tuberculosis Health Visitor. Free milk, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic. Close liaison with the Chest Clinic is maintained by the T.B. liaison Nurse who visits the clinic every Tuesday.

The following table gives at a glance the position regarding tuberculosis in Ossett in 1957.

	Respiratory			Non - Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1957	22	13	35	6	11	17	52
No. first notified during 1957	1	2	3	1	-	1	4
No. of cases restored to register	-	-	-	-	-	-	-
No. of cases entered in register otherwise than by notification	-	2	2	-	-	-	2
No. removed from register during 1957							
(a) Died	-	-	-	-	-	-	-
(b) Removed from district	-	2	2	-	-	-	2
(c) Recovered	2	1	3	1	1	2	5
No. remaining on Register at 31.12.57	21	14	35	6	10	16	51

The number of new cases and the number of deaths notified during 1957 are given in details in the following table:-

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	1	-	-	-	-	-
15 - 24	-	1	-	-	-	-	-	-
25 - 44	-	1	-	-	-	-	-	-
45 - 64	1	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Totals	1	2	1	-	-	-	-	-

SECTION IV.

W.R.C.C. PREVENTIVE HEALTH SERVICES.

(a) CLINICS AND TREATMENT CENTRES.

Infant Welfare.

Croft House, Ossett - Monday 2 - 4 p.m.
Thursday 2 - 4 p.m.

Ante and Post-Natal.

Croft House, Ossett - Friday 2 - 4 p.m.
Relaxation Classes - Wednesday 2 p.m.

School Clinic.

Croft House, Ossett - Tuesday 10 - 12 noon.
Minor ailments daily 4 - 4.30 p.m.

Speech Therapy Clinic.

Croft House, Ossett - Monday 9.30 - 12 noon.
Wednesday 9.30 - 12 noon.

Ophthalmic Clinic.

Croft House, Ossett - 2nd Monday in each month - 9.30 a.m. - 3.30 p.m.

Smallpox Vaccination	}	Croft House, Ossett,
Diphtheria Immunisation	}	Infant Welfare Clinic,
Whooping Cough Immunisation	}	as required.
Poliomyelitis Vaccination	}	By arrangement with Divisional Health Office.
B.C.G. Vaccination against	}	
Tuberculosis	}	

(b) CARE OF MOTHERS AND YOUNG CHILDREN.

Ante-natal Services.

Clinic	Total No. of women who attended	Total Attendances
Croft House, Ossett	69	322

114 Attendances were made at the Relaxation Classes.

Child Welfare Clinics.

Clinic	Sessions per month	No. of children who attended		Total Attendances made by children	
		Under 1 year	2 - 5 years	Under 1 year	2 - 5 years
Croft House, Ossett	8	169	186	3074	1304

Average attendance per session - 46.

Home Visiting by Health Visitors.

No. of Ante-Natal Visits:-

First visits 40

Subsequent visits 50

No. of visits to children under 1 year:-

First visits 215

Subsequent visits 526

No. of visits to children 1 - 5 years: 693

Special Visits 1334

Total Home Visits 2858

The Care of Premature Infants.

Weight at Birth	No. of Premature Babies		No. Dying	No. Surviving 28 Days
	Born Alive	Born Dead		
Under 2½ lbs.	-	1	-	-
2½ - 3 lbs.	-	1	-	-
3 - 3½ lbs.	1	-	-	1
3½ - 4 lbs.	2	-	-	2
4 - 4½ lbs.	1	-	-	1
4½ - 5 lbs.	5	1	-	5
5 - 5½ lbs.	7	-	1	6
Total	16	3	1	15

Special equipment, (premature baby cot, oxygen, etc.) is available for use in the home where necessary.

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grandparents.

Special advice about legal adoption is given if this is desired.

The mothers are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly.

Provision of Welfare Foods, etc.

Most proprietary brands of milk and other infant foods are sold at the Child Welfare Clinic for the convenience of mothers and special brands of milk are ordered where necessary.

In addition the distribution of cod liver oil, orange juice, vitamin A & D tablets, and National Dried Milk is carried out at the Child Welfare Clinics.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

(c) PROFESSIONAL NURSING IN THE HOME.

Home Nursing.

The County Council is responsible for the home nursing service in Ossett, the two whole-time nurses being resident in their own homes.

Cases Attended	No. of individual patients	Total number of visits made
Medical Conditions	188	4740
Surgical Conditions	35	694
Tuberculosis	9	177
Infectious Disease	-	-
Maternity	2	11
Total	234	5622

Midwifery.

Three whole-time midwives (resident in their own homes) were employed by the County Council to serve the Borough of Ossett during 1957.

The following table shows the number of Ossett women confined in hospital, private nursing homes, or delivered by midwives and private practitioners in Ossett or elsewhere so far as has been ascertained.

	No.	Percentage
No. delivered in hospital	148	58%
No. delivered in private nursing homes	1	0.5%
No. delivered by Midwives	107	41.5%
No. delivered by doctors (including difficult cases met with by midwives in their practice where a doctor has to be sent for to effect delivery)	-	-
Total (including stillbirths) so far as has been ascertained	256	100%

During 1957 the practising midwives summoned medical assistance to 32 mothers and 5 infants. Medical aid was sent for on account of the following conditions:-

Mothers		Infants	
Cause	No.	Cause	No.
Premature Labour	1	Prematurity	2
Ruptured Perineum	17	Cyanosis	1
Congenital Malformations	1	Cleft Palate	1
Prolonged Labour	4	Other Conditions	1
Haemorrhage	3		
Hypertension	1		
Retained Placenta	1		
Other Conditions	4		
Total	32		5

Emergency Obstetric Unit.

The "flying squad" attached to Staincliffe General Hospital, Dewsbury, is available for obstetric emergencies occurring within the Borough.

Analgesia.

All midwives are trained in the administration of gas and air analgesia and

provided with the necessary equipment. Analgesia is available to all mothers desiring it subject to satisfactory medical examination by a doctor. 94 women received gas and air analgesia during 1957.

(d) HEALTH VISITING.

In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons, (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

(e) HOME HELPS.

In accordance with the National Health Service Act, the County Council provides domestic health for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age".

During 1957, 127 cases were attended by home helps as compared with 120 in the previous year, and the total number of hours worked was 13,446.

Of the 127 cases attended in 1957, Home Helps were provided for the following reasons:-

	Cases	Hours
Maternity	18	1031
Tuberculosis	2	276
Aged and Chronic Sick ...	96	11617
Others	11	522
Total	127	13446

(f) CARE AND AFTER CARE.

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease and other illnesses.

(g) MENTAL HEALTH.

Ossett has the part-time services of a Mental Health Social Worker, who is largely concerned with the care of mentally defective patients under statutory supervision and guardianship, and those patients who, having been discharged from Detention Order in Institution, have elected to receive voluntary supervision at home.

She also undertakes pre-care and after-care of patients suffering from mental illness.

The Mental Health Social Worker carries out her duties in close liaison with the Mental Hospitals and Mental Deficiency Institutions, and with those statutory and voluntary bodies concerned with social welfare generally.

Every effort is made to rehabilitate the higher grade defectives, and secure suitable employment for them in local industry and domestic service.

Summary of Cases at present under Supervision under the
Mental Deficiency Acts.

	Under 16		Over 16		Total
	Male	Female	Male	Female	
Under Statutory Supervision	8	2	3	3	16
Under Guardianship	-	-	-	-	-
Under Voluntary Supervision	-	-	1	2	3
Attending Occupation Centre	8	2	-	-	10
Attending Industry Centre	-	-	-	-	-
Receiving Home Training in Groups from Home Teacher	-	-	-	-	-
Receiving Home Training individually from Home Teacher	-	-	-	-	-
Employed full-time:					
Statutory Supervision	-	-	3	1	4
Voluntary Supervision	-	-	1	2	3
Occupied with household duties:					
Statutory Supervision	-	-	-	1	1
Too handicapped to undertake any form of training:					
Statutory Supervision	-	-	-	1	1
Cases in Institution (approx. only)	-	1	8	5	14
Awaiting admission to Institution	-	-	-	-	-
Awaiting admission to Occupation Centre	-	-	-	-	-

(h) SCHOOL HEALTH SERVICE.

Number of school departments in district	...	...	...	...	11
Number of children in attendance at school at the end of 1957					2562
Number of children examined at school during 1957	...	...			1408

(This figure being made up as follows):-

Entrants	...	...	...	...	225
7 - 8 years group	...	...	...	...	82
Last Year Primary	...	...	...	...	332
Leavers	...	...	...	...	279
Re-examinations	...	...	...	...	203
Special Examinations	...	...	...		287

General physical condition of pupils examined:-

	Satisfactory	Unsatisfactory
Entrants	225	=
7 - 8 years group	82	=
Last year primary	332	=
Leavers	278	1
No. of defects found to require treatment		268
No. of defects found requiring to be kept under observation		177

Cleanliness Inspections.

The School Nurse attends every school department at frequent intervals throughout the year to examine the children for uncleanly and verminous conditions. Where such conditions exist, parents are informed and are instructed in the application of an effective remedy. Warnings are issued in cases of non-compliance and statutory action taken where there is persistent default.

	No. on roll	No. of individuals found to be infested	Percentage of individuals infested
Ossett County Secondary	611	40	6.54%
Dimple Wells Infants	100	7	7.00%
Holy Trinity Junior			
Mixed and Infants	370	6	1.70%
Gawthorpe Junior Mixed	270	19	7.03%
Gawthorpe Infants	131	16	12.20%
South Ossett C. of E.	312	6	1.92%
Flushdyke C.P.	240	9	3.75%
Spa Street C.P.	148	18	12.10%
St. Ignatius R.C.	110	3	2.72%
Ossett Grammar (Lower four forms only)	374	=	0.00%

Minor Ailment Clinic.

1391 attendances were made at the minor ailment clinic during the year.

Paediatric Clinic.

Cases are referred to Dr. Pickup at Wakefield General Hospital or to Dr. Roberts at Dewsbury General Hospital, as required.

Ophthalmic Clinic.

Sessions held.	No. of refractions.	Prescribed spectacles.
----------------	---------------------	------------------------

20	186	50
----	-----	----

Orthopaedic Clinic.

4 children made 5 attendances during the year. These children attend the clinic held at the Pinderfields Hospital, Wakefield.

(i) IMMUNISATION AND VACCINATION.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

Diphtheria Immunisation.

Number of children in Ossett who completed a full course of diphtheria immunisation in 1957.

Age	Under 1	1-4	5-14	Total
Began and completed injections 1957	51	17	17	85
Immunised in previous years, re-treated in 1957	-	-	180	180

Whooping Cough Vaccination.

The Local Health Authority's Scheme operates in this area and immunisations under the scheme have been carried out as in previous years from 1952.

Vaccination against whooping cough is available only to infants and children up to the age of 4 years.

Number of children in Ossett who completed a full course of whooping cough immunisation during 1957 under the County Council Scheme:-

Age at final injection	Under 6 months	6 months to 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	Total
No. immunised	20	93	6	2	1	122

During the year there were 16 notified cases of whooping cough. Two of the children concerned had completed a full course of immunisation.

Vaccination against Poliomyelitis.

Sufficient vaccine was received during the year to immunise 373 children resident within the Borough.

Vaccination against Smallpox.

During the year 49 people were vaccinated against smallpox, 45 of whom were under one year of age.

Additionally 8 people were re-vaccinated.

B.C.G. Vaccination against Tuberculosis.

This scheme was approved by the Ministry of Health. The immunising vaccine to be used was B.C.G. and the selected age-group was that of children in their fourteenth year. This group was chosen for certain approved reasons, one being the further year in school during which observation and supervision could be kept over the child, and also the desirability of affording protection to adolescents in the early years of their employment in industry and elsewhere. This scheme was put into operation in Ossett in 1955.

B.C.G. vaccination was offered to all children in this age-group in the period under review and acceptance is voluntary.

The following table is a summary of work carried out in the year:-

	No. of Children offered vaccination	No. of consents	No. of children Mantoux tested	No. with positive reaction	No. with negative reaction	No. receiving vaccine.
Ossett County Secondary	148	56	55	17	37	37
Ossett Grammar	86	78	78	25	52	52
St. Ignatius	12	11	11	3	6	6
Total	246	145	144	45	95	95

B.C.G. Vaccination is also available at the Local Chest Clinic for ascertained contacts of cases of tuberculosis and in certain other cases.

BOROUGH OF OSSETT

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

P R E F A C E .

The report covers the work of the Department for 1957, and also that of the Refuse Collection and Disposal service for the financial year ended 31st March, 1958.

The Broadowler housing estate of 180 houses will form the first Smoke Control Area within the Borough. This area is a welcome step in the reduction of atmospheric pollution although there is a long road to travel before smoke emission, both industrial and domestic, is down to an irreducible minimum.

The allocation of five-sixths of all new Council houses to the occupants of unfit houses made possible an increase in the tempo of slum clearance, and the completion of the Broadowler estate will see the end of the slum clearance programme submitted to the Minister in January, 1955.

I would tender my sincere thanks to the Chairman and members of the Public Health Committee for their help and understanding, to the Medical Officer of Health and officials of the Council for their advice and assistance, and finally to the staff of this Department for loyal service to the Council and tactful administration of the duties delegated to them.

H.W. MYCOCK,

Chief Public Health Inspector.

H O U S I N G.

New Houses completed during the year.

By the Corporation:	32
By private enterprise:	23
	<hr style="width: 50px; margin: 0 auto;"/> 55

Overcrowding.

The number of families living in overcrowded conditions continues to decrease annually, as also does the degree of overcrowding. It will be seen that the average number of persons in each overcrowded family is five, the majority of the cases requiring abatement occurring in the 'one up and one down' type of dwelling.

The figures given below do not, however, take account of families who are not overcrowded by Housing Act standards, but who still find it necessary to have children sleeping in the same bedroom as the parents, or where children of both sexes must of necessity sleep in one bedroom.

Cases of overcrowding abated:	23
New cases discovered during year:	9
Total cases outstanding at 31st Dec.:	33
Involving	35 Families
and	178 Persons

Slum Clearance

During the year the following eight areas were declared to be clearance areas:-

<u>Area</u>	<u>No. of houses</u>		<u>Procedure by way of</u>
Wakefield Road No. 1.	12	Unopposed	Clearance Order
Wakefield Road No. 2.	5	Unopposed	Clearance Order
Tattersfield Street.	4	Unopposed	Clearance Order
Horbury Road.	2	Unopposed	Clearance Order
Manor Road.	4	Inquiry,	Compulsory
		27th November.	Purchase Order
Storrs Hill Road.	2	Unopposed	Clearance Order
High Street No. 8.	15	Objection withdrawn	Clearance Order
Tealls Yard, Teall Street.	13	Unopposed	Clearance Order

A Public Inquiry was held on the 12th June into the objections to the Streetside Compulsory Purchase Order.

In addition to these areas, nine individual demolition orders were made.

Sites of demolished property.

Difficulty has been experienced in securing complete clearance and covering of sites of demolished property. At their December meeting the Public Health Committee authorised service of notices under the West Riding (General Powers) Act, 1951, requiring the clearance and ashing of demolition sites within the Borough.

Applications for re-housing.

The total number of applications on the register has increased slightly during the year.

The number of applications in each category at the year end is given below. The increasing number of applications for single bedroom accommodation, coupled with the high proportion of elderly occupants of unfit houses, has caused concern to the Housing Committee.

Housing Waiting List at 31st December, 1957.

	<u>2 B.R.</u>	<u>3 B.R.</u>	
Category A - Statutory overcrowding	3	24	
Category B - Moral overcrowding	26	31	
Category C - Lodgings	34	11	
	<hr/>	<hr/>	
Total in priority groups:	63	66	
Category E - General applications (No priority)	132	35	296
	<hr/>	<hr/>	
Category H - Single bedroom dwellings			101
Category K - Living outside the Borough and			
(a) Working inside	20		
(b) Working outside	37		
	<hr/>		57
			<hr/>
Total applications:			454
			<hr/>
Total applications 31st December, 1956:			418
			<hr/>

MEAT AND OTHER FOODS.

Meat Inspection.

No. of Licenced slaughterhouses:

4

The following table gives details of carcasses and offal inspected and condemned in whole or in part:-

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3071	195	31	7742	2641
Number inspected	3071	195	31	7742	2641
<u>All diseases except Tuberculosis and Cysticerci.</u>					
Whole carcasses condemned	-	-	-	2	6
Carcasses of which some part or organ was condemned	81	13	-	7	38
Percentage of the number inspected affected with diseases other than tuber- culosis & cysticerci.	2.63	6.6	-	.1	1.6
<u>Tuberculosis only.</u>					
Whole carcasses condemned	1	-	-	-	-
Carcasses of which some part or organ was condemned	170	17	-	-	22
Percentage of the number inspected affected with tuberculosis.	5.5	8.7	-	-	.8
<u>Cysticercosis.</u>					
Carcasses of which some part or organ was condemned	8	-	-	-	-
Carcasses submitted to treat- ment by refrigeration	8	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

Set out below are details of animals and organs found to be unfit:-

					<u>Tuberculosis.</u>	<u>Other causes.</u>
<u>Carcases and all organs.</u>						
Bovine	(Excl. Cows & Calves)				1	-
Pigs	...	...	...	...	-	6
Sheep	...	...	...	...	-	2
<u>Part Carcases.</u>						
Bovine	...	...	...	...	504 lbs.	197 lbs.
Pigs	...	...	...	...	23 lbs.	45 lbs.
<u>Heads and Tongues.</u>						
Bovine	...	...	...	...	59	9
Pigs	...	...	...	...	19	-
<u>Lungs.</u>						
Bovine	...	...	...	...	104	9
Pigs	...	...	...	...	3	20
<u>Livers.</u>						
Bovine	...	...	...	...	55	39
Pigs	...	...	...	...	-	9
Sheep	...	...	...	...	-	7
<u>Mesentry.</u>						
Bovine	...	...	...	...	6	-
<u>Spleens.</u>						
Bovine	...	...	...	...	3	-
<u>Kidneys.</u>						
Bovine	...	...	...	...	3	-
<u>Hearts.</u>						
Bovine	...	...	...	...	41	19
<u>Udders.</u>						
Bovine	...	...	...	...	1	-

Eight carcasses were held in cold store for the required period after being found to be affected with *Cysticercus bovis*.

The quality of animals slaughtered in the Borough continues to be good, and the proportion of cows slaughtered low. It is interesting to note that the percentage of *cysticercus bovis* infection has decreased from .76% last year to the present .26%.

Disposal of Unsound Meat.

Small quantities of unsound meat are destroyed by burning. Larger quantities, after staining, are sold to waste recovery merchants, the proceeds of the sale being retained by the butcher.

Other Foods.

The following articles were voluntarily surrendered and destroyed. The increase over last year in the quantity of tinned meats found to be unfit was due almost entirely to a consignment of tinned hams at a wholesale distributors, and not to any increase in unsound foods reaching the retail shops.

Description					Tins or Containers	Weight lbs. ozs.	
<hr/>							
<u>Tinned Food</u>							
Fish	...	...	...	...	5	2	5 $\frac{1}{4}$
Fruit	...	...	...	...	120	88	4 $\frac{1}{2}$
Meat	...	...	...	...	1091	10,017	14 $\frac{3}{4}$
Milk	...	...	...	...	7	2	7
Vegetables	...	...	...	...	81	63	10
Frozen Egg	...	...	...	...	2	28	-
 <u>Other Foods</u>							
Cereals	...	...	...	...	1	-	15 $\frac{1}{2}$
Cheese	...	...	...	...		4	-
					<hr/>		
Totals:					1307	10,207	9
					(4 tons 11 cwts. 15 lbs. 9 ozs.)		

Food Hygiene Regulations.

During the year fifty-nine inspections of food premises were carried out under the above regulations. Forty-nine notices were sent to occupiers as a result of these visits.

Milk.

Licences issued during the year include the following:-

Pasteurised and T.T.	17
Pasteurised (only)	1
Supplementary Pasteurised and T.T. ...	6
Sterilised	33
Supplementary Sterilised	2
	<hr/>
	59
	<hr/>

Ice-cream.

Two samples of ice-cream were submitted for bacteriological examination. The samples were graded as follows:-

Grade 1	(One sample)
Grade 3	(One sample)

Prosecution under Food Hygiene and Other Regulations.

An ice-cream manufacturer was fined £2 on each of the following counts:-

- 1) Failure to comply with the requirements to be observed in the manufacture of ice-cream. (Using own recipe without heat treatment).
- 2) Failure to protect ice-cream from dirt, dust, or other contamination at all times during its manufacture, storage or distribution. (Mix stored in open buckets).
- 3) Using unregistered premises for manufacture of ice-cream.
- 4) Failure to provide a wash hand basin with adequate supply of hot and cold water.
- 5) Failure to provide an adequate supply of hot and cold water to the sink in food premises.

A T M O S P H E R I C P O L L U T I O N .

No. of chimneys in the Borough ...	30
No. of smoke observations	11
No. of nuisances	2
No. of prosecutions	-

Clean Air Act, 1956.

Broadowler Smoke Control Order, 1957.

The above order, which will come into operation on 1st August, 1958, covers the whole of the Council's Broadowler housing estate - a total of 180 dwellings.

Colliery Spoilbanks.

The spoilbanks at both Roundwood and Shawcross continued to burn. The nuisance is still at a minimum, the covering and sealing being particularly effective at Roundwood.

F A C T O R I E S.

No. of Factories on Register.

With mechanical power	121
Without mechanical power	22
Other premises, i.e. building sites	6

One hundred and fifty-nine visits were paid to these premises for the purposes of the Factories Act during the year.

Defects found and remedied.

	<u>Found</u>	<u>Remedied</u>
Insufficient sanitary accommodation	4	4
Unsuitable or defective sanitary accommodation	1	1

I N F E S T A T I O N C O N T R O L.

RATS AND MICE.

Sewers.

The routine test baiting revealed little infestation except in a 'hardcore' of infestation in several manholes in the town centre. The affected length is old with limited access. Successive treatments have reduced the infestation to a minimum, but a pocket unaffected by baiting remains between manholes causing re-infestation of the cleared lengths.

Surface Control.

The routine treatments of Corporation properties were carried out as follows:-

Spa Sewage Works	...	...	2
Healey Sewage Works	...	...	1
Low Laithes Refuse Tip	...	...	1
Spa Refuse Tip	...	...	1
Pildacre Tip	...	...	1

Other premises treated were as follows:-

			Rats First Treatment	Mice First Treatment
Dwelling houses	...	...	10	10
Business premises	...	...	7	2
Other premises	...	...	-	3
			<hr/> 17 <hr/>	<hr/> 15 <hr/>

Refuse tips have been treated with a combination of gassing and baiting with warfarin incorporating a mould inhibitor in the base. For other properties warfarin has been the principal poison used.

OTHER VERMIN.

During the year one house has been treated for bed-bug infestation and three for the destruction of cockroaches.

REFUSE COLLECTION AND DISPOSAL.

Staff.

The staff employed on refuse collection and disposal is as follows:-

Loaders:	10
Drivers:	3
Paper Baler:	1

Sickness and absenteeism figures for the past three years are shown below. All members of the staff were in the sickness payment scheme at the end of the year.

	1955-56	1956-57	1957-58
Absenteeism (Man hours)	668	456 $\frac{3}{4}$	292 $\frac{1}{4}$
Sickness and Injuries	1,448	1,654	4,025 $\frac{1}{4}$
	<u>2,116</u>	<u>2,110$\frac{3}{4}$</u>	<u>4,318</u>

Amount paid under sickness payment scheme:- £505. 13. 8d.

In common with the rest of the population, 'Asian Flu' took its toll of the collection staff, but this cause alone cannot be held responsible for the increase in the total hours lost through sickness and injuries.

A weekly collection period has been maintained except for short periods during the influenza outbreak, and delays due to snowfall during the early months of 1958.

Transport.

The vehicles in use throughout the year were three side loading Karriers, two of 7 cu.yard capacity with petrol engines, the third of 12 cu.yard capacity with a diesel engine.

Disposal.

Refuse disposal is by controlled tipping, the levelling being carried out mechanically.

During the year tipping has taken place at Gawthorpe, and also at the quarry associated with the old brickworks at Pildacre.

Salavge.

Paper baling is by an electrically powered press. Restrictions on the amount of paper accepted by the mills has resulted in a lower tonnage sold than in previous years.

Collection of kitchen waste ceased to be collected separately at the beginning of March, 1958. The withdrawal of the waste bins from the streets will certainly assist in keeping the town tidy, and the loss of income will be amply compensated by the removal of what has always been a potential nuisance.

Details of recovered materials are as follows:-

	<u>Tons.</u>	<u>Cwts.</u>	<u>Qrs.</u>	<u>lbs.</u>
Waste Paper	154	13	1	-
Rags and Bagging	-	16	3	3
Scrap Metal	9	11	2	17
Kitchen Waste	32	13	-	14
	<hr/> 197.	<hr/> 14.	<hr/> 3.	<hr/> 6.

Total gross income:- £1,530. 14. 7d.

Costs (Collection and Disposal).

	£.
Wages, Insurance and Superannuation ...	7294
Haulage	624
Tip Levelling - Hire of Plant	293
Licences, Insurances, Taxes	303
Implements and Materials	56
Contribution to Vehicle Renewal	660
Loan Charges	39
Depot Maintenance	316
	<hr/>
Gross Costs	9585
Income from Rents, Salvage, etc.	1918
	<hr/>
Nett Cost	<u>£ 7667</u>

Total estimated tonnage for the year	4,376
Cost per ton (nett)	£1. 15s. 0d.
Nett cost per 1,000 premises	£1446. 12s. 0d.
Nett cost per premise per week ...	6.7d.
Nett cost per 1,000 population ...	£529. 2s. 6d.

Provision of Dustbins.

Total cost for the year	...	...	...	£618. 0s. 0d.
Cost per house per year	...	...	...	2s. 7d.

Cesspool emptying.

Total cost for the year	...	...	...	£117. 0s. 0d.
Number of cesspools	...	...	...	8
Cost per cesspool per annum	...	...	...	£14.12s. 6d.

S T A T I S T I C S - H O U S I N G.

No. of occupied dwelling houses in the district	...	...	...	5024
No. of back-to-back included in above	...	...	...	357
No. inspected under Public Health or Housing Acts	...	...	...	693
Inspections made for the purpose	...	...	...	1133
No. inspected and recorded under Housing (Consolidated) Regulations	...	...	...	85
Inspections made for the purpose	...	...	...	200
No. considered unfit for habitation	...	...	...	85
No. not in all respects reasonably fit	...	...	...	160
No. of houses rendered fit in consequence of informal action	...	...	...	5
Formal Notices requiring defects to be remedied:				
Public Health Acts	...	...	...	7
No. remedied by owner	...	...	...	2
No. remedied by Local Authority in default of owner	...	...	...	2
Section 11, Housing Act, 1936, and Section 16, Housing Act, 1957:				
No. of representations made in respect of unfit houses	...	...	...	27
No. of demolition orders made	...	...	...	9
No. of houses demolished	...	...	...	17
No. of undertakings accepted	...	...	...	-
No. of persons displaced from individual unfit houses	...	...	...	145
No. of closing orders made	...	...	...	5
Part 3 of Housing Acts, 1936 and 1957:				
No. of clearance areas represented during year	...	...	...	8
No. of houses included in above	...	...	...	57
No. of persons to be displaced	...	...	...	148
No. of Compulsory Purchase Orders made	...	...	...	1
No. of houses in clearance areas demolished	...	...	...	25
No. of persons displaced from houses in clearance areas	...	...	...	17
Rent Act, 1957:				
No. of applications received for Certificates of Disrepair	...	...	...	31
No. of undertakings received from Landlords	...	...	...	19
No. of certificates of Disrepair granted	...	...	...	4
No. of applications withdrawn	...	...	...	-

S T A T I S T I C S
G E N E R A L S A N I T A R Y I N S P E C T I O N
A N D I M P R O V E M E N T S.

Closet Accommodation.

No. of privies with covered middens	...	...	...	...	33
No. of pail or tub closets	...	...	...	...	8
No. of waste water (tippler) closets	...	...	...	...	14
No. of trough closets	...	...	...	...	17
No. of water closets	...	...	...	...	5046

Ashes Accommodation.

No. of ashpits in connection with privies	...	...	...	21
No. of dustbins replaced	...	...	...	441

Classified statement of Inspections.

Housing - Public Health and Housing Acts	...	...	...	1033
Inspection of Council houses	...	...	...	77
Visits re accumulations	...	...	...	3
Applicants for Council houses	...	...	...	215
Ashes accommodation	...	...	...	4
Bakehouses	...	...	...	11
Boiler houses	...	...	...	16
Diseases of Animals Act	...	...	...	20
Factories - M.P.:-	...	...	...	9
N.M.P.:-	...	...	...	1
Fried Fish shops	...	...	...	6
Food poisoning	...	...	...	3
Food preparing premises	...	...	...	26
General food premises	...	...	...	99
Infectious diseases	...	...	...	7
Ice-cream premises	...	...	...	23
Meatshops	...	...	...	48
Miscellaneous	...	...	...	83
Mortuary	...	...	...	11
Offensive trade premises	...	...	...	22
Piggeries	...	...	...	3
Public Conveniences	...	...	...	7
Rag Flock	...	...	...	3
Refuse Collection	...	...	...	147
Rent Act	...	...	...	26
Rodent Control - Sewers	...	...	...	7
Salvage	...	...	...	56
Schools	...	...	...	1
Slaughterhouses	...	...	...	1328

Smoke observations	...	...	...	...	...	...	...	14
Streams and Watercourses	...	...	...	...	...	...	...	2
Tents, Vans and Sheds	...	...	...	...	...	...	...	27
Tips	...	...	...	...	...	...	...	364
Verminous premises	...	...	...	...	...	...	...	3
Vermin Rats and Mice:-								
					Business premises	...	...	17
					Corporation premises	...	...	16
					Dwelling houses	...	...	12
Works in progress	...	...	...	...	...	...	...	5
Total inspections:								<u>3,755</u>

Drainage.

New drains inspected	...	...	...	...	...	...	...	1
New drains smoke tested	...	...	...	...	...	...	...	6
Existing drains -								
(a) Chemical tests	...	...	...	...	...	...	...	1
(b) Colour tests	...	...	...	...	...	...	...	40
(c) Other tests	...	...	...	...	...	...	...	5

Sanitary Improvements made and Defects remedied.

(a) Dwelling houses.

Roofs repaired	...	...	...	...	...	...	...	6
Chimneys repaired	...	...	...	...	...	...	...	1
Eaves gutters repaired or renewed	...	...	...	...	...	...	...	2
Plaster repaired	...	...	...	...	...	...	...	3
Rendered free from dampness	...	...	...	...	...	...	...	2
Floors repaired	...	...	...	...	...	...	...	1
Sash cords renewed	...	...	...	...	...	...	...	1
Rain water pipes repaired or renewed	...	...	...	...	...	...	...	1
Fireplaces repaired or renewed	...	...	...	...	...	...	...	3
Waste pipes repaired or renewed	1
Other defects remedied	3

(b) Water Closets.

New pedestals provided	6
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(c) Drains.

Reconstructed	3
Cleansed or repaired	9

Summary.

Informal notices issued	71
Informal notices complied with	...	...	...	...	...	...	...	46
Statutory notices issued	...	...	...	...	...	...	...	7
Statutory notices complied with	...	...	...	...	...	...	...	4

